

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

EDUCATIONAL DATA - DESCRIPTION OF COURSE WORK

If you answered NO to 39a or 39b, list all courses taken for graduate credit. If a course syllabus or description is attached, please check yes or no below. Course syllabuses or descriptions must be for the course at the time the course was taken.

A. BIOLOGICAL BASES OF BEHAVIOR (e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology, brain and behavior)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

B. COGNITIVE-AFFECTIVE BASES OF BEHAVIOR (e.g. learning, thinking, motivation, emotion, and cognitive psychology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

C. SOCIAL BASES OF BEHAVIOR (e.g. social psychology, group processes/dynamics, interpersonal relationships, organizational and systems theory and role theory and family systems theory)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

D. INDIVIDUAL DIFFERENCES (e.g. personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and psychopathology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

E. SCIENTIFIC METHODS (e.g. statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

39. Internship or practicum served as part of degree program.

A. INSTITUTION NAME

B. DATE SERVED (MONTH, DAY, YEAR)

FROM:

TO:

C. ADDRESS (STREET, CITY, STATE, ZIP)

D. DIRECTOR OF PROGRAM

E. MAJOR SUPERVISOR

F. WAS INTERNSHIP PROGRAM APA APPROVED?

☐ Yes ☐ No